1,

6/

PTO/SIV01 (03:01)
Approved for use through 16/31/2002, 0MB 9651-0532
U.S. Palent and Trademark Office, U.S. DEPARTMENT OF COMMENCE
Under the Paperwork Reduction Act of 1995, to persons are required to respond to a collection of information unless it contains a valid CAIB control member

H0003451 Attorney Docket Number **DECLARATION FOR UTILITY OR** Sewa S. Sandhu First Named Inventor DESIGN PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) Application Number Declaration Submitted after Initial Filing (surcharge (37 CFR 1 16 (e)) Filing Date Declaration Submitted with Initial Group Art Unit Filing roquired) Examinor Name As a below named inventor, I hereby declare that: My residence, meiling address, and dilizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is cought on the invention entitled CABLE ASSEMBLY AND AIR OUTFLOW VALVE INCORPORATING THE SAME (Title of the Invention) the specification of which olenen bentastie, zi OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MAL/DD/YYYY) (If applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f) or (f), or 355(b) of any foreign application(s) for patent, inventor's or plant breader's rights continuate(s), or 365(a) of any PCT international application which designated at least one country other than the United Stafes of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breader's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Number(s) Foreign Filing Date (MM/DD/YYYY) Priority Certified Copy Attached? Country Not Claimed YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement. The form is estimated to take 21 tribules to complete Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

EL645042421US

12-11-01, 9.59AM;

,469	530

Under the Payorwork Reduction Act of 19	_		irod la recoor	U.S. Pal		PTO/SE(0) (10:00 or use through 10/31/2002, OMB 0651-003 Nica, U.S. DEPARTMENT OF COMMERC Nicas it contains a valid OMB controt numbe
DECLARATIO						
Direct all correspondence to:	Customer No or Ber Code		000128		OR [Correspondence address below
Name						
Address						
Address						
City				State		ZIP
Country		Telepho	ione			Fax
I bereby declare that all statements many and further the made are punishable by fine or imprisability of the application or any patent	ade herein of let these stati conment, or bi issued there	my own aments v oth, undi	knowledge were mede er 18 U.S.C	are true a with the k . 1001 and	and that all stateme mowledge that will d that such wilful to	
NAME OF SOLE OR FIRST IN						led for this unsigned inventor
Given Name Sewa S. (first and middle [if any])				Family or Surn	Name Sandhu name	
Inventor's Signature	and	L	11			Date /2/11/0/
Residence: City Tucson			·· State Az	z	Country USA	Citizenship
Mailing Address 950 E. Placita De	₃ Michael					
Mailing Address						
City Tucson	State AZ			2IP 8	35718	Country USA
NAME OF SECOND INVENTOR	₹:			A petit	ion has been file	ed for this unsigned inventor
Siven Name Kenyon first and middle [if any])				Family f	Name Kehl name	
nventor's Hugh	- Kel	L				12/11/2001
Residence: City Oro Valley			State AZ	-	Country	Citizenship USA
failing Address 1879 West Hawke	ight-Street	,				
HAV	VKKIV	456	<u>'k)</u>			
Oro Valley	State AZ			710 857	737	USA

(Page 2 of 2)

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

EL645042421US

to de tip

5 1000 mg .

Services

#	4/	

Expess	MANIE	Ahal M	~ E1	MAEO	4040.	

Please type a plus sign (+) inside this box	▶[-	F
. were type a piece age! 'y ataiod mas box		Ή.

PTO/ABJ81 (02-01)
Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Diffee, U.S. DEPARTMENT OF COMMERCE
Under the Paparwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Sewa S. Sandhu
Title	Cable Assembly and Air
Group Art Unit	
Examiner Name	
Attorney Docket Number	H0003451

I hereby app	юînt:									ī
OR		Customer Nui	nber 00012	28						
Practitio	ner(s) n	amed below:				F	Place Cus	tomer Bar	Code Lab	el here
		Name				Registr	ation Nu	ımber		
<u> </u>				~	_					
										
as my/our attor business in the	mey(s) o -United	r ågent(s) to p States Patent	rosecute th and Traden	e application nark Office co	identifie	ed above,	and to	transact	all	
Please change The above	the correction		ddress for t Number.							
Firm or										
Individual N Address	amo									
Address										
City					64.1.					
Country	-				State			Zip		
Telephone					Fax					
I am the:	***									
✓ Applicar	t/Invento	or.								I
Assigne Stateme	e of reco	rd of the entire 37 CFR 3.73	interest. S b) is enclos	ee 37 CFR 3 ed. (Form P	.71. <i>FOISBI</i> 9	P6).				
				ant or Assign						
Name	Sewa S	. Sandhu						-		一
Signature	1	Mand	Tui							
Date		111/01								
NOTE: Signatures of all forms if more than one i	the invent signature is	ors or assignees required, see he	of record of th	e entire interest	or their re	presentativ	re(s) are r	equired. So	dum Himdu	iple
*Total of 2		ns are submitted.						·		-

Burden Hour Statement: This form is estimated to take 3 manutes to complete. Time will vary depending upon the results of the individual case. Any comments on the intensity of time you are required to complete this form should be sent to the Chief Information Citics, U.S. Pakent and Trademank Office, Washington, DC 20231. DO NOT SEND FLES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Expess Mail Label No. EL645042421US

Please type a plus sign (+) inside this box	 ▶	+	
---	-----------	---	--

PTO/Stb81 (02-01)
Approved for use through 10/31/2012. OMD 0551-035
U.S. Patent and Tradistrank Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1895, no persons are required to respond to a defection of information unless it display is valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Sewa S. Sandhu
Title	Cable Assembly and Air
Group Art Unit	
Examiner Name	
Attorney Docket Number	H0003451

I hereby app	юint:				Γ		
OR		Customer Numbe	r 000128		► Pia	ice Customer Bar Co	ode Label here
Fraçence	ner(s) n						_
l		Name			Registrat	ion Number	
						······································	_
<u> </u>							
				_ -			
as my/our attor business in the	ney(s) o United	r agent(s) to prose States Patent and	cute the application Trademark Office of	identi onnec	fied above, a ted therewith	ind to transact al	I
Please change	the corr	espondence addre	ess for the above-ide	entified	application t	o:	
The above	-mentio	ned Customer Nur	nber.			-	
OR Demotition		stomer Number		7			
OR	as at Cu	stomer Number			>		
Firm or Individual N							
Address	ame						
Address							
City			· · · · · · · · · · · · · · · · · · ·	State		Zip	
Country				1_0000	<u> </u>		
Telephone				Fax			
I am the:							
✓ Applicar	t/Invonte	or.					
Assigne	e of reco	rd of the entire int	erest. See 37 CFR :	2 74			
Stateme	nt under	37 CFR 3.73(b) is	s enclosed. (Form F	TOISE	V96).		
		SIGNATURE O	I Applicant or Assig	nee of	Record		
Name	Kenyon						
Signature	Ken	ya Ke	12				
Date		0 12/11/20					
NOTE: Signatures of all forms if more than one	the invent	ors or assignees of re required, see below	cord of the entire interes	t or their	representative(s) are required. Sub	mit muttiple
Total of 2		ns are submitted.					
order Hour Statement: This	damm to make	autout to Autou Co					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Charl Information Officer, this Potent and Indiamski Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Communication of the Patents, Washington, DC 20231.